

CSTI HAZARDOUS MATERIALS COURSE ROSTER

PLEASE TYPE OR PRINT LEGIBLY

Course Title: _____

Course Date: _____

CSTI Class Number: _____

Course Manager: _____

NAME	AGENCY/ADDRESS	Pass- Y/N	% Score	CERT # Issued by CSTI
NAME:				
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I certify that this course was conducted in accordance with minimum hours, performance objectives, outlines and procedures identified by CSTI pursuant to California Code of Regulations, Title 19, Section 2520.

COURSE MANAGER: _____

(signature)